

County: Dane

Facility ID: 4080

Page 1

OREGON MANOR LTD

354 NORTH MAIN STREET

OREGON 53575

Phone: (608) 835-3535

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/05): 45

Total Licensed Bed Capacity (12/31/05): 45

Number of Residents on 12/31/05: 45

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

44

Age, Gender, and Primary Diagnosis of Residents (12/31/05)		Length of Stay (12/31/05)	%
--	--	---------------------------	---

Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35.6
Developmental Disabilities	0.0	Under 65	2.2	1 - 4 Years	48.9
Mental Illness (Org./Psy)	31.1	65 - 74	6.7	More Than 4 Years	15.6
Mental Illness (Other)	37.8	75 - 84	31.1		-----
Alcohol & Other Drug Abuse	0.0	85 - 94	51.1		100.0
Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.9		-----
Cancer	0.0		-----	Full-Time Equivalent	
Fractures	0.0		100.0	Nursing Staff per 100 Residents	
Cardiovascular	6.7	65 & Over	97.8	(12/31/05)	-----
Cerebrovascular	17.8		-----	RNs	9.6
Diabetes	2.2	Gender	%	LPNs	14.6
Respiratory	2.2		-----	Nursing Assistants,	
Other Medical Conditions	2.2	Male	26.7	Aides, & Orderlies	44.9
	-----	Female	73.3		
	100.0		-----		
			100.0		

Method of Reimbursement																			
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care									
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	354	30	100.0	132	1	100.0	132	13	100.0	171	0	0.0	0	0	0.0	0	45	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		30	100.0		1	100.0		13	100.0		0	0.0		0	0.0		45	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	2.8	Bathing	0.0	86.7	13.3	45
Private Home/With Home Health	8.3	Dressing	6.7	80.0	13.3	45
Other Nursing Homes	25.0	Transferring	6.7	80.0	13.3	45
Acute Care Hospitals	52.8	Toilet Use	6.7	80.0	13.3	45
Psych. Hosp.-MR/DD Facilities	0.0	Eating	71.1	15.6	13.3	45
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	36	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	2.2		Receiving Respiratory Care	0.0
Private Home/No Home Health	11.8	Occ/Freq. Incontinent of Bladder	42.2		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	32.4	Occ/Freq. Incontinent of Bowel	15.6		Receiving Suctioning	2.2
Other Nursing Homes	8.8				Receiving Ostomy Care	2.2
Acute Care Hospitals	0.0	Mobility			Receiving Tube Feeding	2.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	26.7
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	41.2	With Pressure Sores	2.2		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	34				Receiving Psychoactive Drugs	8.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.8	85.8	1.14	84.3	1.16	88.8	1.10	88.1	1.11
Current Residents from In-County	82.2	81.3	1.01	76.3	1.08	83.2	0.99	77.6	1.06
Admissions from In-County, Still Residing	30.6	16.8	1.82	27.2	1.12	18.7	1.63	18.1	1.69
Admissions/Average Daily Census	81.8	216.2	0.38	109.2	0.75	177.7	0.46	162.3	0.50
Discharges/Average Daily Census	77.3	217.8	0.35	108.6	0.71	179.2	0.43	165.1	0.47
Discharges To Private Residence/Average Daily Census	34.1	100.9	0.34	40.1	0.85	83.4	0.41	74.8	0.46
Residents Receiving Skilled Care	100	97.2	1.03	96.7	1.03	96.3	1.04	92.1	1.09
Residents Aged 65 and Older	97.8	91.5	1.07	97.3	1.00	91.3	1.07	88.4	1.11
Title 19 (Medicaid) Funded Residents	66.7	61.7	1.08	58.1	1.15	61.8	1.08	65.3	1.02
Private Pay Funded Residents	28.9	19.4	1.49	35.3	0.82	22.5	1.28	20.2	1.43
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	68.9	28.9	2.39	37.1	1.86	34.8	1.98	32.9	2.09
General Medical Service Residents	2.2	23.7	0.09	14.1	0.16	23.0	0.10	22.8	0.10
Impaired ADL (Mean)	48.0	47.9	1.00	50.4	0.95	48.4	0.99	49.2	0.98
Psychological Problems	8.9	59.1	0.15	53.0	0.17	59.5	0.15	58.5	0.15
Nursing Care Required (Mean)	4.4	7.1	0.63	7.2	0.62	7.2	0.62	7.4	0.60